

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Ricky J Hamby 1181 Paddock Road Smyrna DE. 19977	COURT CASE NUMBER 05-626 JJF						
DEFENDANT Doctor Fisher	TYPE OF PROCESS						
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Doctor Fisher-CMS-FCM- Correctional Medical Services						
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1201 College Park Drive Suite 101 Dover DE. 19904						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Doctor Fisher 1201 college Park Drive Suite 101 Dover DE. 19904							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td>05 NOV 29 11 29 AM '06 DISTRICT OF DELAWARE</td> </tr> <tr> <td>Number of parties to be served in this case</td> <td></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td></td> </tr> </table>		Number of process to be served with this Form - 285	05 NOV 29 11 29 AM '06 DISTRICT OF DELAWARE	Number of parties to be served in this case		Check for service on U.S.A.	
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Check for service on U.S.A.							

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold
First Correctional Medical Services
1575 McKee Road
Suite 201
Dover De. 19904
- Doctor Fisher -

DCG-Delaware Correctional Center
1181 Paddock Road
Smyrna De. 19977

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk BF	Date 11-2-06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service 11/28/6	Time 11 am
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Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Subject no longer employed by CMS.
CMS refused service.